



UTAH FOREST LEGACY PROGRAM

FY 2018 SIGNATURE PAGE



Project Name:	
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Name of Landowner:	
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Person authorized to submit this application on behalf of the above entity:

Organization:	
Contact:	
Title:	
Address:	
City, State, Zip:	
Phone:	
Fax:	
E-mail:	

I, _____ certify that I am the
landowner or authorized by the above landowner to submit this application
to the Utah Forest Legacy Program.

Signature of Landowner or Agent

Date

Please sign and return an original copy of this form by US Mail to:

**Laura Vernon
Forest Legacy Coordinator
Utah Division of Forestry, Fire and State Lands
1594 West North Temple, Suite 3520
PO Box 145703
Salt Lake City, Utah 84114-5703**